ADMINISTRATIVE

A	proved	For Release 2	006/1	1/199 4 SENTAN	<u> </u>	<u>0399F</u>						
		REPORTS IN	VENTO	RY			CON	TROL	NO.			
PREPARE IN QUPLICATE								DDS/OP/BSD-				
I. TITLE OF REPORT (if a fill-in report include Form No.)								TYPE	TICAL			
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SAC CIVIL SE	COMMISSION ANNUAL REPORT					K	EPORT	MACHINE-NAME LISTING				
3. FUNCTIONAL AREA		PERSONNEL		TRAINING				ADMIN. GENERAL				
		LOGISTICS		SECURITY			OTHER (specify)					
4. NO. OF COPIES PR	PARED	MEDICAL 5. FREQUENCY (week)		, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not					
7		Annually					numbe	number of copies)				
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7. FORMAT (memorand computer print-o	um, torm ut, etc)			ADP PROCESS	ING NO	9. DII	RECTIVE A	JTHOR	ITY RE	:Ón L B I M	REPORT	
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